2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N15040

1. Entity Name
MORTGAGE BANKERS EDUCATION FOUNDATION OF FLORIDA, INC.



05-16-2005 90198 030 ****61.25

May 16, 2005 8:00 am Secretary of State

FILED

Principal Place of Business 1133 W. MORSE BLVD., #201 Mailing Address

1133 W. MORSE BLVD. #201

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2. Principal Place of Business 3. Mailing Address		
Suite, Apt. #, etc. Suite, Apt. #, etc. 04062005 Chg	2-NP CR2E037 (10/03)	
City & State City & State 4. FEI Number 59-2686055	Applied For Not Applicable	
Zip Country Zip Country 5. Certificate of Stat	\$0.7E	
6. Name and Address of Current Registered Agent 7. Name and Addre	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	
CROW-SEGAL_PAT		
1133 W MORSE BLVD., #201 Street Address (P.O. Box Number is No WINTER PARK, FL 32789	ot Acceptable)	
City	FL Zip Code	
 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 		
SIGNATURE		
Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS IN 10	
TITLE PPD IN Delete TITLE VPD	Change XX Addition	
NAME BENNETT, ROSS MAXWELL, SCOT		
STREET ADDRESS 1180 SPRING CENTRE SOUTH, #223 STREET ADDRESS 200 S. ORANGE	AVENUE	
STREET ADDRESS 1180 SPRING CENTRE SOUTH, #223 STREET ADDRESS 200 S. ORANGE	AVENUE	
STREET ADDRESS 1180 SPRING CENTRE SOUTH, #223 STREET ADDRESS 200 S. ORANGE CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP ORLANDO, FL TITLE VD CITY-ST-ZIP PED NAME NIEWOLD, ELLEN NIEWOLD, ELLE	AVENUE 32801 Change Addition N	
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STREET ADDRESS CITY-ST-ZPP ALTAMONTE SPRINGS, FL 32714 TITLE VD NIEWOLD, ELLEN STREET ADDRESS CITY-ST-ZPP APOPKA, FL 32703 TITLE STD NAME HALLAM, GREG STREET ADDRESS STREET ADD	AVENUE 32801 Change Addition N OAKS DRIVE 2703 Change Addition MI TRAIL N.	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATI	IDE: